Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

Commercial Development Electric Service Application

Customer Information

Owner's Name: _____

Social Security #: _____ Business Tax ID #_____

Trading As (Business Name): _____

Exact Service Address: _____

_____

_____

Billing Name and Address: _____

_____

_____

Phone #: _____

Fax #: _____

E-mail address: _____

Date Service Requested: _____

General Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

_____

_____

Electrical Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

_____

_____

Project Description

What date is the new project expected to begin? _____

Will you need temporary construction service? Yes ____ No _____
(Fill out the application for temporary construction service)
** Temporary construction service is provided on a "cost to serve" basis. This service may not be available in all locations.*

Check one: New Construction _____ Addition _____ Renovation _____

Square Footage: _____

Building Permit #: _____

Required Documents

1. Approved Record Plan
2. Complete set of working prints.
3. Digital Copy; DWG file

Prior to the installation of electric facilities on private property, you will be required to furnish acceptable rights of way which enables the MSC to serve your property. Please provide DEED information exactly as it appears on the deed record so that an easement can be prepared for proper signatures.

Service Requirements

Type of service requested: Aerial _____ Underground _____

Metering: Primary _____ Secondary _____

Voltage Requested:

120/240 1PH 3W _____ 120/240 3PH 4W _____

120/208 1PH 3W _____ 120/208 3PH 4W_____

277/480 3PH 4W _____ 7200 1PH 2W **(nominal)** _____

12470/7200 3PH 4W **(nominal)** _____

Load Requirements

Main Breaker Size: _____

Number of Meters: _____

Proposed connected load: _____

	1PH	***3PH***	
Lighting	____ KW	____ KW	
Air conditioning	____ KW	____ KW	Tons _____
Resistance heating	____ KW	____ KW	
Heat pump	____ KW	____ KW	Tons _____
Water heating	____ KW	____ KW	
Processing equipment	____ KW	____ KW	
Miscellaneous	____ KW	____ KW	
*Motors	____ KW	____ KW	

(List all motors. Indicate locked rotor amps or code designations of largest motor. Attach list if necessary)

Number of Conductors Per Phase: _____

Size of Conductors: _____

Estimate 1 hour max KW demand: 1PH Winter _____ Summer _____

Estimate 1 hour max KW demand: 3PH Winter _____ Summer _____

Estimated 1 hour diversified KW demand: 1PH Winter _____ Summer _____

3PH Winter _____ Summer _____

Will this facility have a backup power supply? Yes _____ No _____

If, yes: Gas _____ Electric _____ Other _____
(supply drawings that show how generator will work with MSC system)

I hereby agree to pay for all utility services consumed on said premises in accordance with the tariff and comply with the rules and regulations of the MSC. A DEPOSIT MAY BE REQUIRED AS A MEANS OF ESTABLISHING SATISFACTORY CREDIT.

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY
Date Received: _____
Received by: _____
Deposit: _____
Account #: _____
FOR PLANT USE ONLY
Date Received: _____
Time Received: _____
Received by: _____
Date Completed: _____